

NATIONAL Assessment Centre Services. [ref: Jan 2009] MMA 120104022

Date In: 23/11/20 15:38	Job description	Date & Time Completed	Done by
Ref No: MA1 CTI 20012874/h4	SAS e-filing		
Veh No: GBJ 1261E	E-mail (within 3hrs, AIC 2hrs)		
IPFA: 21/11/20 18:25	I-Motor Claim Form		
OD: (P) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkstn		

Preferred Wksp / INC Assign Wksp / QW: () Tot: # Fax: ()

TP Particulars: Veh No: SMG 6342H. INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (/)

Remarks	INC () / Non-INC ()	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Particulars	Invoice Description	Charge	Rate (\$)	Rate (\$)
MA 200 6300	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Bugr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (w/c 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD:			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NG: Repair Co-ordination \$10			
	*NI: Post Repair Inspection \$25			
	*NB: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	23/11/2020 15:38
Date Of Accident	21/11/2020 18:25
Exact Location Of Accident	ALONG AIRPORT RD / MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1261E
Insured/Policyholder	
Name Of Registered Owner	SG LEASING PTE LTD
Co Reg No	2XXXXX520E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84064604

Vehicle Particulars

Manufacturer	TOYOTA
Model	PROACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00002042001
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NASEER BIN MUSTAFAH KAMAL
NRIC No	SXXXX124Z
Date Of Birth	11/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84064604
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 38C BENDEMEER RD #03-848
Postcode	333038
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG6342H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

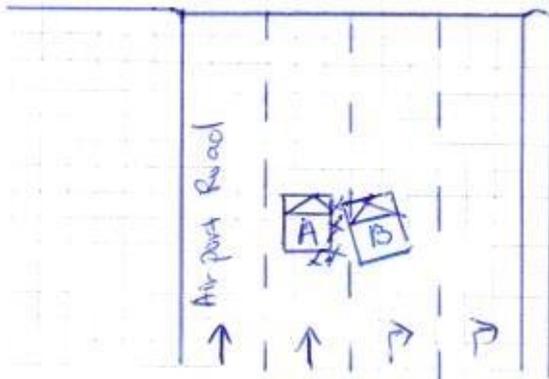
Macpherson Road



SKETCH PLAN

Paya Lebar Road ←

→ Paya Lebar Road



Veh A: GBJ1261E

Veh B: SMG6342H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBJ1261E) traveling along Airport Road towards Macpherson Road on third lanes of a 4-lanes, road. Somewhere at the junction of Paya Lebar Road, the traffic light was green and I proceed my way. Out of sudden, vehicle B (SMG6342H) which from lane 2 Altered to my lane. As a result, the front left portion of vehicle B collided onto the right & rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Motor Commercial

MZ407/C

R SN

AN0663A

Gov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNW00002042001	Engine No.: AH014041544	
		Cha. No.: YARVFAHKHGZ101827	
1. Index Mark and Registration Number of Vehicle	GBJ1261E	AUTOSAFE	*****
2. Name of Policy Holder	SG LEASING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/01/2020	Excess Sect. I	S\$1,500.00
		Excess Sect. II	S\$1,500.00
4. Date of Expiry of Insurance	14/01/2021	EX ON WINDSCREEN	S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFCLTD AS

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings

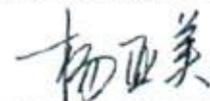
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: _____
SGML PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	GBJ1261E	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Attachment 1:	No Attachment
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 2:	-
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	PROACE COMFORT MEDIUM 2.0 MANUAL
Chassis No.:	YARVFAHKHGZ101827	Engine No.:	AH014041544
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	1997 cc	Power Rating:	-
Maximum Power Output:	-	Maximum Laden Weight:	3100 kg
Unladen Weight:	1740 kg	Secondary Colour:	-
Primary Colour:	Black	Original Registration Date:	15 Jan 2019
First Registration Date:	15 Jan 2019	Open Market Value:	\$30,005.00
Manufacturing Year:	2017	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No	Additional Registration Fee Rate:	5.00%
No. of Transfers:	0	Actual ARF Paid:	\$1,501.00

Owner Particulars

Owner Name:	SG LEASING PTE. LTD.
Owner ID Type:	Company
Owner ID:	201317520E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	15
Registered Street Name:	YISHUN INDUSTRIAL STREET 1
Registered Unit No.:	# 01 - 08
Registered Building Name:	WIN 5
Registered Postal Code:	768091
COE No. / Expiry Date:	2019011505000895W / 14 Jan 2029
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$26,279.00

Transaction Details

Business Transaction Ref. No.:	20190115121133182824
Business Transaction Date:	15 Jan 2019
Business Transaction Time:	12:11:33

Message

The above vehicle has been successfully registered.
Please note that \$20,176.00 will be deducted from your GIRO account.

OK Save as PDF

Vehicle No.	GBJ1261E	Model / Make	Toyota Proace
Date of Accident	21/11/2020		
Time of Accident	1825	HRS	
Location of Accident	Along Airport Road / MacPherson Road		
Exact purpose use during accident	Work		
Name of Owner	SG Leasing Pte Ltd		
Telephone No.	H/P :	Home :	Office :
NRIC	201317520E		
Address	15 Yishun Industrial Street 1 #01-08 S(768091)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Turping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	DMCVSNW00002042001		
Name of Driver	As Above If No, Muhammad Naseer Bin Mustafah Kamaal		
NRIC	8822824Z	Any Passengers :	-
Date of birth	11/9/1982		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	4/11/2004		
Gender	Male	/	Female
Contact No.	H/P : 84061604	Home :	Office :
Address	Blk 38C Bendemeer Road #03-848 S(333048)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	Hirer
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SMG6342H	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Right & rear portion		
Camera Recorder	Yes / No		
Email Address	lightlogistics18@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		